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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number <b>09/441,140</b>		Filing Date <b>16 November, 1999</b>		<input type="checkbox"/> To be Mailed					
				Applicant(s) <b>SOLOMON, BEKA</b>						Page 1 of 3			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 09/23/2009		AFTER SEC. AMENDMENT		* 09/23/09			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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12							62						
13							63						
14							64						
15							65						
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34							84						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep		0					Total Indep	0					
Total Depend		0					Total Depend	0					
Total Claims		0					Total Claims	0					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

Part of Paper No20091007-1.

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT 09/23/09		AFTER SEC. AMENDMENT		* 09/23/09			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
101							151						
102							152						
103							153						
104							154						
105							155						
106							156						
107							157						
108							158						
109							159						
110							160						
111							161						
112							162						
113							163						
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140							190						
141							191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
Total Indep		0					Total Indep	0					
Total Depend		0					Total Depend	0					
Total Claims		0					Total Claims	0					

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT 09/23/09		AFTER SEC. AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
201			0				251						
202			0				252						
203			0				253						
204			0				254						
205			0				255						
206			0				256						
207			0				257						
208			0				258						
209			0				259						
210			1				260						
211				1			261						
212				1			262						
213					1		263						
214					1		264						
215					1		265						
216						1	266						
217						1	267						
218							268						
219							269						
220							270						
221						2	271						
222							272						
223						1	273						
224							274						
225							275						
226						1	276						
227							277						
228						1	278						
229							279						
230							280						
231							281						
232							282						
233							283						
234							284						
235							285						
236							286						
237							287						
238							288						
239							289						
240							290						
241							291						
242							292						
243							293						
244							294						
245							295						
246							296						
247							297						
248							298						
249							299						
250							300						
Total Indep			11				Total Indep						
Total Depend				10			Total Depend						
Total Claims			21				Total Claims						

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